

Morning Star Counseling, LLC
200 South Church Street
Quarryville, PA 17566

Consent to Treatment

THERAPEUTIC PROCESS

You have decided to embark on a powerful journey known as therapy, a decision of strength and courage. Know that Morning Star Counseling (MSC) considers the therapeutic relationship to be one of sacred trust. This letter serves to inform you about the therapeutic process, give you some information and answer questions about the professional relationship between therapist and clients.

Therapy cannot ensure the successful resolution of the issues you bring to it. Human beings are far too complex and life is too uncertain. However, it is our experience that most people can gain some value from the therapeutic process. Know that as we journey together new, often unforeseen destinations may appear. The therapeutic process may not only affect you, but also relationships, work and other areas of life. There are alternatives and many adjuncts to therapy. These include, but are not limited to, medications, support groups and complimentary modalities. I will be happy to discuss any alternatives you want to consider at any time.

There are likely many different approaches to addressing your treatment needs. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for it to be successful, you will have to work on things we talk about both during our sessions and at home. For instance, you may be asked to read a book, chart moods or behaviors, journal, or practice strategies discussed at home between sessions. You are expected to play an active role in the therapeutic process. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there is no guarantee. Therapy can be short-term, focusing on one specific issue or concern, or longer-term if the issues are more complex. The more motivated you are to change your situation and the more effort you put into the process, the better the chance of success.

Our first couple sessions will include an assessment, which involves gathering information about your past and present medical, social, and psychological wellbeing. This includes an evaluation of your current needs. By the end of the evaluation, your therapist will decide if he/she is able to address your needs and you can decide whether or not you are comfortable with him/her and feel as though he/she is a good fit for you. Your therapist will then be able to offer you some first impressions of what our work will include and he/she will develop a treatment plan with you, if you decide to continue with therapy. If it is determined that your needs are outside of our area of expertise, we will be happy to refer you to another professional as it is most important to me that you find help from the person best suited to address your needs.

BILLING AND PAYMENTS

Our current fee is **\$100/\$70** per session. The assessment fee is the same as our standard hourly rate for that time of day for clients who are self-pay. Therapy sessions are 55 minutes in length and will typically be scheduled either weekly or biweekly at a time that we both agree upon. Payment for your session is due at the time of service. MSC accepts cash, personal checks, and credit cards. I work with some insurance companies via managed care contracts and we will file claims for your services. You must pay your copay at the time services are rendered. Even if we are not a participating provider in your insurance company's network, your insurance company may reimburse you for a portion of your fee for services rendered. You will need to check with your insurance company ahead of time to inquire about whether or not they will reimburse you for services by an out of network provider. You are still required to pay for your session at the time of service.

If you need to cancel an appointment for any reason, you will be expected to notify MSC at least 24 hours in advance to avoid a cancellation fee of **\$50. Insurances cannot be billed for missed or late cancellation appointments.** Any fees assessed must be paid on or before your next scheduled appointment.

In addition to therapeutic session fees, we charge for other professional services you may need including report writing, telephone conversations lasting longer than 10 minutes, attendance at meeting with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of us. Our charge is \$100/hour for each of those services. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$200 per hour for preparation and attendance at any legal proceeding, including travel time, and travel expenses.

If you have an outstanding balance for therapy session fees or other professional services in excess of 60 days past due and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. **Customer agrees to be responsible for all costs of collection on unpaid balances including, but not limited to, 1 ½% interest (18% annually), collection fees (up to 50%), court costs and reasonable attorney fees.**

CONTACT

We are often not immediately available by telephone. While we are in the office most days during business hours, we cannot always answer the phone when we are seeing clients. When we are unavailable, our telephone will be answered by my voice mail and you can leave a message for us to return your call. Your therapist will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are in an emergency situation, dial 911 for assistance or go immediately to your local emergency department.

Morning Star Counseling uses a basic (unsecured) email system. With your verbal permission, we will obtain your email address to use for appointment reminders. Your signature below indicates that you are aware of the lack of security of the email system. If you chose to email us for any reason we cannot guarantee the confidentiality of your email. If you are giving us your email address, then you are acknowledging that you are aware of the insecurity of our system and give us permission to email you anyway. Similarly, some clients prefer to communicate via text messaging to our cell phones in lieu of contacting the office. If you chose to communicate with us via text messages, you are acknowledging the risks of jeopardizing your confidentiality when doing so.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained reader. If you wish to see your records, I recommend that you review them in the presence of your therapist so that he/she can discuss the contents with you.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. If you are 16 or 17 years of age, it is our policy to request an agreement from your parents asking them to agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of any concern. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have about what we are prepared to discuss.

CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a mental health professional, and we can release information about our work to others only with your written permission. There are just a few exceptions to your rights of confidentiality.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he or she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. Those exceptions are the following: 1. If we believe that a child is being abused, we must file a report with the appropriate state agency. 2. We are also required to make a report if a client is threatening bodily harm to another individual. In this case, we are required to inform the police as well as the intended victim. 3. If a client threatens to harm him or herself, we may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. In this case, we will do whatever we can to enlist the client's cooperation first to ensure his/her safety.

During the course in treatment, we may occasionally find it helpful to consult with other professionals about a case. During such consultation, we make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

Although the client-therapist sessions will be intimate psychologically, it is important for you to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with your therapist. Sessions are usually held in our office. If you should encounter your therapist outside of the office, the therapist will speak with you only if you initiate the contact; this allows you to maintain the privacy of your therapeutic relationship. Please do not invite your therapist to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or ask them to relate to you in any way other than the professional context of our therapy sessions. Although this may seem artificial and/or awkward, it is the best way to promote a good therapeutic relationship.

CONSENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms, including the following:

I do hereby seek and consent to take part in the treatment provided by this agency. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I (or my child) may stop treatment with this therapist at any time. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware that an agent of my insurance company or other third-party may be given information about the type (s), cost (s), and providers of any services I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows that I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

Signature of Client (or person acting for client)

Date

Relationship to Client

We have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Representative of Morning Star

Date

Client Name

C.I.D.#